



LOANER TRANSPORT EQUIPMENT EXTENDED LOAN REQUEST
(this form is completed by the special education social worker supporting the student)



Student: _____ **ID#:** _____

Parent: _____ **Phone #1:** _____

Address: _____ **Phone #2:** _____

School: _____ **Teacher:** _____

Address: _____ **Phone:** _____

Loaner Transport Equipment Assigned (select one)			
<input type="checkbox"/>	Non-transport approved travel chair (e.g. Metro Chair)	<input type="checkbox"/>	Transport approved travel chair (e.g. Special Tomato on Bus Transport Base)
Serial #		HISD Tag#	
Accessory Items:			

Loan Begin Date:		Loan End Date:	
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This request for extension on the provision of this loaner transport equipment is being made due to the following special circumstances:

The following action plan is being implemented to facilitate the student's parent to acquire the personal use equipment that has been medically prescribed to meet the personal needs of the student:

Requested Loan End Date:	
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Special Education Social Worker		
	Printed Name	Signature
Parent, Guardian, or Surrogate Parent		
	Printed Name	Signature